

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40798

5232

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>32276</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> TOWN				c. LENGTH OF STAY (In this place) <u>25 Yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3531 Askew</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> TOWN			
				d. STREET ADDRESS (If rural, give location) <u>3531 Askew</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Irene</u>		b. (Middle) <u>Porter</u>		c. (Last) <u>Jones</u>	
		4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>11</u>	
				(Year) <u>1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>March 4 1881</u>	
						9. AGE (In years last birthday) <u>69</u>	
						10. MONTHS <u>5</u> DAYS <u>10</u> HOURS <u>5</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Woman (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Power & Light Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Lone Jack, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur M. Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas B. Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Hill</u>			
				ADDRESS <u>Kansas City, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of Death unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Operated for cancer breast 1 1/2 yrs ago</u> <u>Past Refused</u>				INTERVAL BETWEEN ONSET AND DEATH <u>170x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no cancer found</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1036 North Blvd</u>		23c. DATE SIGNED <u>12-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 13 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-12-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster</u>		ADDRESS <u>Kansas City, Missouri</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.